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THE UNITED STATES PATENT AND TRADEMARK OFFICE

ent Application of)	
R. ANDERSON et al)	BOX: FEE AMENDMENT
ion No.: 08/476,275)	Group Art Unit: 1816
une 7, 1995)	Examiner: R. Schwadron
HERAPEUTIC APPLICATION OF HIMERIC AND RADIOLABELED NTIBODIES TO HUMAN B YMPHOCYTE RESTRICTED)	
	R. ANDERSON et al ion No.: 08/476,275 une 7, 1995 HERAPEUTIC APPLICATION OF HIMERIC AND RADIOLABELED NTIBODIES TO HUMAN B	R. ANDERSON et al) ion No.: 08/476,275) une 7, 1995) HERAPEUTIC APPLICATION OF HIMERIC AND RADIOLABELED NTIBODIES TO HUMAN B)

RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Enclosed is a response for the above-identified patent application.

[X]	A Petition for Extension of Time is also enclosed.
[]	Also enclosed is
[]	verified statement(s) claiming small entity status [] are also enclosed [] were submitted previously.
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.
[X]	No additional claim fee is required.
[]	An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims	14	MINUS 20 =	0	x \$22 =			
Independent Claims	2	MINUS 3 =	0	x \$80 =			
If Amendment adds multiple dependent claims, add \$260.00							
Total Amendment Fee							
If small entity status is claimed, subtract 50% of Total Amendment Fee							
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT							

[]	A claim fee in	the amount of \$	is enclosed.
[]	Charge \$	to Deposit Accoun	nt No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: December 20, 1996